



933 HOPMEADOW STREET

P.O. BOX 495

SIMSBURY, CONNECTICUT 06070

Town of Simsbury

*Office of Community Planning and Development***ZONING COMPLAINT REVIEW- \$25.00 # _____ - _____**

Applicant Name:		Property Owner:		
Property Address:				
Contact Info (phone, email):				
Proposed Structure:	Sq. Ft.	Length:	Width:	Height:
Proposed Use:		Existing Use:		
Zoning District:	Variance: Yes/No	Parcel Size:		
Flood Zone:	Wetlands: Yes/No	If yes, approval date:		
1st Floor Area: _____sq. ft.	2nd Floor Area: _____sq. ft.	Historic District: Yes/No		
Special Exception: Yes/No: Describe:				
Comm/Industrial/Business Structures: Coverage: Existing % _____ Proposed % _____				
Please provide: 1. A copy of a map or site plan, drawn to scale, to include the following: <ul style="list-style-type: none">• Location and exact dimensions of all boundaries of the lot;• Location of wetlands and watercourses on or near property;• Location and exact dimensions of all existing and proposed structures, septic system and water supply;• Exact distance of proposed structures from property lines;• A floor plan if the application is for a commercial change of use. 2. Staff may require additional information based on the type of permit required.				

REQUIRED ZONING INSPECTIONS- OFFICE USE ONLY

- | | | |
|---|---|---|
| <input type="checkbox"/> E&S compliance | <input type="checkbox"/> Foundation As Built | <input type="checkbox"/> Final As- Built |
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Site Plan Compliance | <input type="checkbox"/> Limits of Clearing |
| <input type="checkbox"/> Final Zoning Compliance | | |

APPROVED: _____ Date: _____ DENIED: _____ Date: _____**FOR OFFICE USE ONLY****CERTIFICATE OF OCCUPANCY SIGN OFF**

A request has been made for Certificate of Occupancy for a, _____ (structure), at,
_____ (address), Building Permit # _____.

Departments	Signature/Sign off	Date
Health Dept/FVHD		
Sewer- Public		
Fire Marshal		
Zoning/ZBA		
Wetlands		
HDC		
Engineering		
Comments		